

**COVID-19**  
ICYEMEZO CY'UWAKINGIWE  
**VACCINATION CERTIFICATE**  
CERTIFICAT DE VACCINATION

**Sample Sample2**

Amazina/Names/Noms

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Pasiporo/Passport/Passeport/ID

**1985-05-31**

Yavutse/Date of birth/Date de naissance

Dose 1	Dose 2
<b>2021-03-06</b> <b>Pfizer, ER7449</b>	<b>2021-04-03</b> <b>Pfizer, ER7449</b>

Byemejwe na Porogaramu y'Igihugu y'Ikingira

**Certified by the National Vaccination Programme**

Certifié par le Programme national de vaccination

